

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

07 JAN -5 AIO :43

M0107

LP

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			TELEPHONE
MacRAE Bruce D.D.			949.452.2082
MAILING ADDRESS (Street)			FAX
25201 PASEO DE Alicia, Suite 200			949.452.2046
(City)	(State)	(Zip Code)	
Laguna Hills,	CA	92653	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
UPS			949.452.2082
MAILING ADDRESS (Street)			FAX
25201 PASEO DE Alicia, Suite 200			949.452.2046
(City)	(State)	(Zip Code)	
Laguna Hills,	CA	92653	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Bruce D.D. MacRAE			949.452.2082
MAILING ADDRESS (Street)			FAX
25201 PASEO DE Alicia, Suite 200			949.452.2046
(City)	(State)	(Zip Code)	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

☒ Human ServicesScience, Technology &  
Economic Development☒ Communications &  
Public Utilities☒ Government Operations &  
Finance☒ Intergovernmental Relations,  
International Affairs

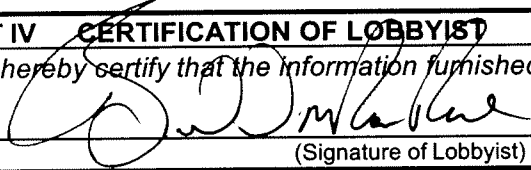
Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

☒ Labor & Employment☒ TransportationCulture, Arts, Historic  
Preservation☒ HealthPlanning, Land & Water  
Use ManagementOther: (indicate below)  
\_\_\_\_\_  
\_\_\_\_\_☒ Ecology, Energy  
Environmental Protection

Housing

☒ Public Safety & Corrections**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

01/02/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Jerry Mattes

NAME OF ORGANIZATION (if applicable)

TELEPHONE

UPS

949.452.2010

MAILING ADDRESS (Street)

FAX

25201 PASEO DE ALICIA, Suite 200

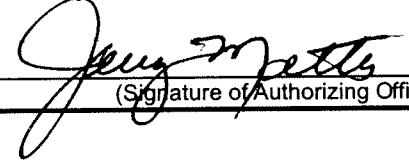
949.452.2046

(City)

(State)

(Zip Code)

Laguna Hills, CA 92653

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

1/2/07

(Date)